

A 495

cc: Maywood  
USEPA

7000 JHK  
WRW

**CITGO Petroleum Corporation**



P.O. Box 3758  
Tulsa OK 74102-3758

April 22, 1997

**Certified Mail - Z095457860**  
**Return Receipt Requested**

US EPA RECORDS CENTER REGION 5



1000458

Mr. Edward Bakowski  
Manager Permit Section  
Illinois Environmental Protection Agency  
1001 North Grand Avenue East  
Springfield, IL 62702

RE: Change of Ownership  
Modified Part A Permit Application  
Land Treatment Facility  
EPA I.D. # ILD041550567  
Will County

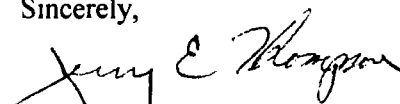
APR 22 1997

Dear Mr. Bakowski:

Attached is a revised Part A Permit Application for the above referenced facility. The ownership of this facility will transfer from the UNO-VEN Company to PDV Midwest Refining L.L.C. on May 1, 1997. The facility will be operated by CITGO Petroleum Corporation.

Facility maps, drawings and pictures are not included with this application because these have not changed since the last Part A Application was submitted. If you have any questions or need additional information, please contact Mr. Claude Harmon at (630) 257-4450.

Sincerely,

  
Jerry E. Thompson  
Vice President

United States Environmental Protection Agency  
Washington, DC 20460**Hazardous Waste Permit  
Application  
Part A**

(Read the Instructions before starting)

For EPA Regional Use Only		
Date Received		
Month	Day	Year

**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

<input type="checkbox"/> A. First Part A Submission	<input checked="" type="checkbox"/> B. Part A Amendment #
---	---

C. Installation's EPA ID Number	D. Secondary ID Number (If applicable)
I L D 0 4 5 5 0 5 6 7	

**II. Name of Facility**

C I T G O P E T R O L E U M C O R P O R A T I O N
---

**III. Facility Location (Physical address not P.O. Box or Route Number)**

A. Street
1 3 5 t h S T R E E T & N E W A V E N U E

Street (Continued)

City or Town	State	Zip Code
L E M O N T	I L	6 0 4 3 9 - 3 6 5 9

County Code (if known)	County Name
	W I L L

B. Land Type (Enter code)	C. Geographic Location LATITUDE (Degrees, Minutes & Seconds) LONGITUDE (Degrees, Minutes & Seconds)	D. Facility Existence Date Month Day Year
P	4 1 3 9 0 0 8 8 0 3 3 0	1 1 0 9 1 9 7 3

**IV. Facility Mailing Address**

Street or P.O. Box
S A M E

City or Town	State	Zip Code
		-

**V. Facility Contact (Person to be contacted regarding waste activities at facility)**

Name (Last)	(First)
H A R M O N	C L A U D E
Job Title	Phone Number (Area Code and Number)
M G R O P S E N V	6 3 0 - 2 5 7 - 4 4 5 0

**VI. Facility Contact Address (See instructions)**

A. Contact Address Location Mailing Other	B. Street or P.O. Box
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	S A M E
City or Town	State Zip Code
	-

EPA I.D. Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

I L D 0 4 1 5 5 0 5 6 7

## VII. Operator Information (See Instructions)

Name of Operator

C I T G O P E T R O L E U M C O R P

Street or P.O. Box

P . O . B O X 3 7 5 8

City or Town

T U L S A O K 7 4 1 0 2 - 3 7 5 8

Phone Number (Area Code and Number)

9 1 8 - 4 9 5 - 4 0 0 0

B. Operator Type

P

C. Change of Operator Indicator

Yes

X

No

Date Changed

Month Day Year

0 5 0 1 9 7

## VIII. Facility Owner (See Instructions)

A. Name of Facility's Legal Owner

P D V M I D W E S T R E F I N I N G L L C

Street or P.O. Box

7 5 0 L E X I N G T O N A V E , 1 0 t h F L O O R

City or Town

N E W Y O R K N Y 1 0 0 2 2 -

Phone Number (Area Code and Number)

2 1 2 - 3 3 9 - 7 9 4 4

B. Owner Type

P

C. Change of Owner Indicator

Yes

X

No

Date Changed

Month Day Year

0 5 0 1 9 7

## IX. SIC Codes (4-digit, in order of significance)

Primary

2 9 1 1 (Description) Petroleum Refining

Secondary

(Description)

Secondary

(Description)

Secondary

(Description)

## X. Other Environmental Permits (See Instructions)

A. Permit Type  
(Enter code)

B. Permit Number

C. Description

N

I L O 0 0 1 5 8 9

NPDES Permit

E

7 2 1 1 0 2 3 8

Offsite Facilities Air Permit

E

7 2 1 1 0 2 3 9

Crude Unit Air Permit

E

7 2 1 1 0 2 4 0

FCCU Air Permit

E

7 2 1 1 0 2 4 1

Unsat. Gas Plant Air Permit

E

7 2 1 1 0 2 4 2

Coker Air Permit

E

7 2 1 1 0 2 4 3

Naphtha Unionfiner Air Permit

E

7 2 1 1 0 2 4 4

Light Dist. Unionfiner Air Permit

E

See Attached List

EPA ID Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

I L D 0 4 1 5 5 0 5 6 7

## XI. Nature of Business (Provide a brief description)

- A. Petroleum refining and related activities.
- B. Process crude oil to finished petroleum products such as gasoline, diesel and fuel oils.

## XII. Process Codes and Design Capacities

- A. **PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Thirteen lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. For "other" processes (i.e., D99, S99, T04 and X99), describe the process (including its design capacity) in the space provided in item XIII.
- B. **PROCESS DESIGN CAPACITY** - For each code entered in column A, enter the capacity of the process.
1. **AMOUNT** - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.
  2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.
- C. **PROCESS TOTAL NUMBER OF UNITS** - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Disposal:</b>			T87	Smelting, Melting, Or Refining Furnace	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; or Btu's Per Hour
D79	Underground Injection	Gallons; Liters; Gallons Per Day; or Liters Per Day	T88	Titanium Dioxide Chloride Process	
D80	Landfill	Acre-feet or Hectare-meter	T89	Methane Reforming Furnace	
D81	Land Treatment	Acres or Hectares	T90	Pulping Liquor Recovery Furnace	
D82	Ocean Disposal	Gallons Per Day or Liters Per Day	T91	Combustion Device Used In The Recovery Of Sulfur Values From Spent Sulfuric Acid	
D83	Surface Impoundment	Gallons or Liters	T92	Halogen Acid Furnaces	
D99	Other Disposal	Any Unit of Measure Listed Below	T93	Other Industrial Furnaces Listed In 40 CFR §260.10	
<b>Storage:</b>			T94	Containment Building-Treatment	Cubic Yards or Cubic Meters
S01	Container (Barrel, Drum, Etc.)	Gallons or Liters	<b>Miscellaneous (Subpart X):</b>		
S02	Tank	Gallons or Liters	X01	Open Burning/Open Detonation	Any Unit of Measure Listed Below
S03	Waste Pile	Cubic Yards or Cubic Meters	X02	Mechanical Processing	Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; or Kilograms Per Hour
S04	Surface Impoundment	Gallons or Liters	X03	Thermal Unit	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; or Btu's Per Hour
S05	Drip Pad	Gallons or Liters			Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; or Btu's Per Hour
S06	Containment Building-Storage	Cubic Yards or Cubic Meters			Short Tons Per Day; or Btu's Per Hour
S99	Other Storage	Any Unit of Measure Listed Below	X04	Geologic Repository	Cubic Yards or Cubic Meters
<b>Treatment:</b>			X99	Other Subpart X	Any Unit of Measure Listed Below
T01	Tank	Gallons Per Day or Liters Per Day			
T02	Surface Impoundment	Gallons Per Day or Liters Per Day			
T03	Incinerator	Short Tons Per Hour; Metric Tons Per Hour; or Btu's Per Hour			
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; or Btu's Per Hour			
T80	Boiler	Gallons or Liters			
T81	Cement Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; or Btu's Per Hour			
T82	Lime Kiln	Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; or Btu's Per Hour			
T83	Aggregate Kiln	Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; or Btu's Per Hour			
T84	Phosphate Kiln	Tons Per Day; Metric Tons Per Day; or Btu's Per Hour			
T85	Coke Oven	Short Tons Per Day; or Btu's Per Hour			
T86	Blast Furnace	Btu's Per Hour			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
Gallons .....	G	Short Tons Per Hour .....	D	Cubic Yards .....	Y
Gallons Per Hour .....	E	Metric Tons Per Hour .....	W	Cubic Meters .....	C
Gallons Per Day .....	U	Short Tons Per Day .....	N	Acres .....	B
Liters .....	L	Metric Tons Per Day .....	S	Acre-feet .....	A
Liters Per Hour .....	H	Pounds Per Hour .....	J	Hectares .....	Q
Liters Per Day .....	V	Kilograms Per Hour .....	R	Hectare-meter .....	F
				Btu's Per Hour .....	I

EPA I.D. Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

I L D 0 4 1 5 5 0 5 6 7

## XII. Process Codes and Design Capabilities (Continued)

EXAMPLE FOR COMPLETING ITEM XII (Shown in line number X-1 below): A facility has a storage tank, which can hold 533,788 gallons.

Line Number	A. Process Code (From list above)	B. PROCESS DESIGN CAPACITY		C. Process Total Number Of Units	For Official Use Only
		1. Amount (Specify)	2. Unit Of Measure (Enter code)		
X 1	S 0 2	5 3 3 7 8 8	G	0 0 1	
1	D 8 1	13.5	B	001	
2					
3					
4					
5					
6					
7					
8					
9					
1 0					
1 1					
1 2					
1 3					

NOTE: If you need to list more than 13 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for "other" processes (i.e., D99, S99, T04 and X99) in item XIII.

## XIII. Other Processes (Follow instructions from item XII for D99, S99, T04 and X99 process codes)

Line Number (Enter #s in seq w/XII)	A. Process Code (From list above)	B. PROCESS DESIGN CAPACITY		C. Process Total Number Of Units	D. Description Of Process
		1. Amount (Specify)	2. Unit Of Measure (Enter code)		
X 1	T 0 4				In-situ Vitrification
1					
2					
3					
4					

EPA I.D. Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

I L D 0 4 1 5 5 0 5 6 7

## XIV. Description of Hazardous Wastes

**A. EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:**

- Enter the first two as described above.
- Enter "000" in the extreme right box of item XIV-D(1).
- Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
- Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below)** - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (Enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (Enter code)	D. PROCESS							
				(1) PROCESS CODES (Enter code)				(2) PROCESS DESCRIPTION (If a code is not entered in D(1))			
X 1	K 0 5 4	900	P	T 0 3	D 8 0						
X 2	D 0 0 2	400	P	T 0 3	D 8 0						
X 3	D 0 0 1	100	P	T 0 3	D 8 0						
X 4	D 0 0 2										Included With Above

EPA ID Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

I L D 0 4 1 5 5 0 5 6 7

## XIV. Description of Hazardous Wastes (Continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (Enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (Enter code)	D. PROCESSES										(2) PROCESS DESCRIPTION (If a code is not entered in D(1))
				(1) PROCESS CODES (Enter code)										
1	K 0 5 1	None	NA											API Separator Sludge
2														
3														Note: This unit is
4														commencing closure under
5														a post closure care permit.
6														No hazardous waste has been
7														applied to this unit since
8														1981.
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
32														
33														

EPA ID Number (Enter from page 1)

I L D 0 4 1 5 5 0 5 6 7

Secondary ID Number (Enter from page 1)

## XV. Map

Attach to this application a topographic map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

## XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

## XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## XVIII. Certification(s)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Signature

Alonso Velasco - President

Date Signed

4/24/97

Name and Official Title (Type or print)

Owner Signature

Date Signed

Name and Official Title (Type or print)

Operator Signature

Date Signed

4/23/97

Name and Official Title (Type or print)

Jerry E. Thompson - Vice President

Operator Signature

Date Signed

Name and Official Title (Type or print)

## XIX. Comments

This Part A provides information on change of ownership.

Note: Mail completed form to the appropriate EPA Regional or State Office. (Refer to instructions for more information)

**Air Permits**  
(Continued from Page 2)

<b>Permit Number</b>	<b>Description</b>
72110245	Catalytic Reformer #2
72110246	Saturated Gas Plant
72110247	Aliphatic Naphtha Solvents Unit
72110248	Sulfur Unit
72110250	Aromatics Extraction Unit
72110251	Catalytic Reformer #1 Unit
72110252	Diesel Distillate Unionfiner
72110253	Refinery Utilities
77020010	Sulfur Recovery
80060039	Product Loading Facilities
83010013	Needle Coker Complex
84090004	Alkylation Unit
85090012	Isomerization Complex
88010019	Barge Terminal
92120040	Hydrocarbon Recovery (Desalter)
94110029	Electrostatic Precipitator
95030064	Reformulated Gasoline Project
95040127	Vacuum Heater
96100016	Temporary Package Boiler
96030079	CAAPP (Title V) Permit Application

FORM <b>1</b>		ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;">           F I L D 0 4 1 5 5 0 5 6 7         </div>
GENERAL		GENERAL INSTRUCTIONS	
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		If a preprinted label has been provided, fill it in the designated space. Review the information carefully; if any of it is incorrect, correct through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
ILD 041550567 The UNO-VEN Company, Chicago Refinery 135th Street & New Avenue Lemont, Illinois 60439  135th Street & New Avenue Lemont, Illinois 60439			
<b>II. POLLUTANT CHARACTERISTICS</b>			
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
<b>III. NAME OF FACILITY</b>			
1 SKIP The UNO-VEN Company, Chicago Refinery			
<b>IV. FACILITY CONTACT</b>			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2 L. D. Erchull, Senior Environmental Specialist		7 0 8 2 5 7 7 7 6 1	
<b>V. FACILITY MAILING ADDRESS</b>			
A. STREET OR P.O. BOX			
3 135th Street & New Avenue			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 L E M O N T		IL	6 0 4 3 9
<b>VI. FACILITY LOCATION</b>			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 135th Street and New Avenue			
B. COUNTY NAME			
W I L L			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6 L E M O N T		IL	6 0 4 3 9
F. COUNTY CODE (if known)			

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	9	1	7			
(specify) Petroleum Refining				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

## VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
The UNO-VEN Company, Chicago Refinery												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)			
F - FEDERAL		M - PUBLIC (other than federal or state)		S - STATE		O - OTHER (specify)		P - PRIVATE		C		A	
						p				708		257 7761	
E. STREET OR P.O. BOX													
135th Street and New Avenue													
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND			
Lemont						IL		60439		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N 1 L 0 0 0 1 5 8 9										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										F. OTHER (specify)									
9 R										(specify)									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

A - Petroleum refining and related activities.

B - Process crude oil into finished petroleum products such as gasoline, fuel oils and other miscellaneous products.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
J. K. Bassett General Manager				5 MAR 91	

## COMMENTS FOR OFFICIAL USE ONLY


Form Approved 3-75  
U.S. ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE PERMIT APPLICATION  
Consolidated Permits Program  
(This information is required under Section 3003 of RCRA.)  
I. EPA I.D. NUMBER  
FILED 041550567

FOR OFFICIAL USE ONLY

APPLICATION APPROVED  
DATE RECEIVED (yr., mo., & day)  
23 24 25 26 27 28 29

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left).  
8 7 3 1 1 0 9

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left).

FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN  
1 2 3 4 5 6 7 8

FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR

OTHER (Use for processes not occurring in surface impoundments, tanks, incinerators. Describe the process in the space provided.)

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP  
LINE NUMBER  
A. PROCESS CODE (from list above)  
B. PROCESS DESIGN CAPACITY  
1. AMOUNT (specify)  
2. UNIT OF MEASURE (enter code)  
FOR OFFICIAL USE ONLY  
X-1 S 0 2 600 G  
X-2 T 0 3 20 E  
1 D 8 1 13.3 B  
T 0 2 5,000,000 U  
3  
4  
LINE NUMBER  
A. PROCESS CODE (from list above)  
B. PROCESS DESIGN CAPACITY  
1. AMOUNT  
2. UNIT OF MEASURE (enter code)  
FOR OFFICIAL USE ONLY  
5  
6  
7  
8  
9  
10

### III. PROCESSES *continued*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T94"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

The surface impoundment is an integral part of the wastewater treatment system at the facility which operates under an NPDES permit (No. IL 0001589). All the flows through the impoundments eventually discharge through two points, both regulated under the NPDES permit. The process design capacity is based on an estimated flow of 5 million gallons per day through the wastewater treatment plant at the facility or recycled into the plant cooling water system.

### IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
X-1	K	0	5	4	900	P	T	0	3	D	8	0				
X-2	D	0	0	2	400	P	T	0	3	D	8	0				
X-3	D	0	0	1	100	P	T	0	3	D	8	0				
X-4	D	0	0	2												included with above

included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY									
W I L D 0 4 1 5 5 0 5 6 7													W DUP									
DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
	23	24	25	26	27	28	29	30		31	32	33	34	35	36	37	38		39	40		
1	D	0	1	8	7600000				T	T	0	2										
2	K	0	5	1	0				T	D	8	1										
3																						
4																						
5																						
6																						
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25																						
26																						

## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

9	F	I	L	D	0	4	1	5	5	0	5	6	7	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4	1	3	9	0	0
65	46	67	68	69	71

8	8	0	3	3	0
72	74	75	76	77	79

## VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

C	E
19	18

55	56	58	59	61	62
63	64	65	66	67	68

3. STREET OR P.O. BOX

4. CITY OR TOWN

C	F	C	G
19	18	17	16

5	ST.	6	ZIP CODE
40	41	42	43
44	45	46	47

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

J. K. Bassett  
General Manager

B. SIGNATURE

John K. Bassett

C. DATE SIGNED

5 MAR 91

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

J. K. Bassett  
General Manager

B. SIGNATURE

John K. Bassett

C. DATE SIGNED

5 MAR 91

See attached Figures A-1 and A-2

A-1: Facility Location Map

A-2: Facility Base Map

4/13/91

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED **UNO-VEN** 76 Products  
P 474 913 714

The UNO-VEN COMPANY  
Chicago Refinery  
135th Street & New Avenue  
Lemont, Illinois 60439-3659

Telephone (708) 257-7761

RECEIVED

OCT 18 1990

October 15, 1990

U. S. EPA, REGION V  
SWB — PMS

U.S. Environmental  
Protection Agency  
RCRA Activities  
Region 5  
P.O. Box A3587  
Chicago, IL 60690

Dear Sir or Madam:

Revised RCRA Part A Permit  
Application - ILD041550567

Attached is a revised RCRA Part A permit application for a surface impoundment located at UNO-VEN, Chicago Refinery which becomes a regulated unit due to the TC Rule.

Very truly yours,



W. F. Busse, Supervisor  
Environmental Services

LDE/lis

See attached Figures A-1 and A-2

A-1: Facility Location Map

A-2: Facility Base Map

FORM 1		ENVIRONMENTAL PROTECTION AGENCY		EPA I.D. NUMBER	
GENERAL		GENERAL INFORMATION		EPA I.D. NUMBER	
LABEL ITEMS		Consolidated Permits Program		EPA I.D. NUMBER	
I. EPA I.D. NUMBER		Read the "General Instructions" before starting.		EPA I.D. NUMBER	
II. FACILITY NAME				EPA I.D. NUMBER	
V. FACILITY MAILING ADDRESS				EPA I.D. NUMBER	
VI. FACILITY LOCATION				EPA I.D. NUMBER	
I. EPA I.D. NUMBER		ILD 041550567		EPA I.D. NUMBER	
II. FACILITY NAME		The UNO-VEN Company, Chicago Refinery		EPA I.D. NUMBER	
V. FACILITY MAILING ADDRESS		135th Street & New Avenue Lemont, Illinois 60439		EPA I.D. NUMBER	
VI. FACILITY LOCATION		135th Street & New Avenue Lemont, Illinois 60439		EPA I.D. NUMBER	

RECEIVED  
OCT 18 1990  
U. S. EPA, REGION V  
SWB - PMS

GENERAL INSTRUCTIONS  
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuels, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP The UNO-VEN Company, Chicago Refinery

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

2 Erchull, L. D. Senior Environmental Specialist

B. PHONE (area code & no.)

708 257 7761

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 135th Street and New Avenue

B. CITY OR TOWN

4 Lemont

C. STATE

IL

D. ZIP CODE

60439

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 135th Street and New Avenue

B. COUNTY NAME

Will

C. CITY OR TOWN

6 Lemont

D. STATE

IL

E. ZIP CODE

60439

F. COUNTY CODE (if known)

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2911	(specify)	Petroleum Refining	7		(specify)	
C. THIRD				D. FOURTH			
7		(specify)		7		(specify)	

## VIII. OPERATOR INFORMATION

A. NAME				B. Is the name listed in Item VIII-A also the owner?			
The UNO-VEN Company, Chicago Refinery				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)			
F - FEDERAL		M - PUBLIC (other than federal or state)		S - STATE		O - OTHER (specify)	
P - PRIVATE				708		257 7761	
E. STREET OR P.O. BOX							
135th Street and New Avenue							
F. CITY OR TOWN				G. STATE		H. ZIP CODE	
Lemont				IL		60439	
				IX. INDIAN LAND			
				Is the facility located on Indian lands?			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				B. PSD (Air Emissions from Proposed Sources)			
9 N I L 0 0 0 1 5 8 9				9 P			
C. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9 U				(specify)			
D. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9 R				(specify)			

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.


## XII. NATURE OF BUSINESS (provide a brief description)

A - Petroleum Refining and related activities.

B - Process crude oil into finished petroleum products such as gasoline, fuel oils and other miscellaneous products.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
J. K. Bassett General Manager		12 OCT 90

## XIV. CERTIFICATION FOR OFFICIAL USE ONLY

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED

<b>FORM 3</b>	<b>EPA</b>	<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	<b>EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px;">             F I L D 0 4 1 5 5 0 5 6 7           </div>
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**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED	DATE RECEIVED (yr, mo., & day)	COMMENTS

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE OF OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
73	11	09

FOR NEW FACILITIES, PROVIDE THE DATE OF OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
73	11	09

**B. REVISED APPLICATION** (place an "X" below and complete item 1 below)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT		
				T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR		
				T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			OTHER (Use for thermal or biologic processes not occurring in surface impoundments. Describe the process in the space provided.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour

S	C	T/A	C	I	1	13	14	15
D U P								
1	2	16	17	18	19	27	28	29
X-1	S 0 2	600				G		
X-2	T 0 3	20				E		
1	D 8 1	13.3				B		
2	S 0 4	52,000,000				G		
3								
4								
5								
6								
7								
8								
9								
10								

storage tanks, one tank can hold 200 gallons and the

S	C	T/A	C	I	1	13	14	15
D U P								
1	2	16	17	18	19	27	28	29
1	S 0 2	600				G		
2	T 0 3	20				E		
3	D 8 1	13.3				B		
4	S 0 4	52,000,000				G		
5								
6								
7								
8								
9								
10								

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR DESCRIBING OTHER PROCESSES (code 1-4). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**                      **CODE**  
 POUNDS..... P  
 TONS..... T

**METRIC UNIT OF MEASURE**                      **CODE**  
 KILOGRAMS..... K  
 METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted to one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA Form 3510-3 (6-80)

## IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

8	F	I	L	D	0	4	1	5	5	0	5	6	7	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

4	1	3	9	0	0
55	56	57	58	59	60

LONGITUDE (degrees, minutes, &amp; seconds)

8	8	0	3	3	0
72	73	74	75	76	77

## VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

J. K. Bassett  
General Manager

B. SIGNATURE



C. DATE SIGNED

12 OCT 90

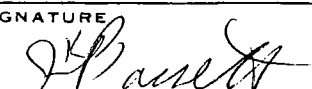
## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

J. K. Bassett  
General Manager

B. SIGNATURE



C. DATE SIGNED

12 OCT 90

**UNO-VEN**

**Products**

The UNO-VEN COMPANY  
Chicago Refinery  
135th Street & New Avenue  
Lemont, Illinois 60439-3659

SEH 790-90

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
P 474 913 706

Telephone (708) 257-7761

September 21, 1990

U.S. Environmental  
Protection Agency  
RCRA Activities  
Region 5  
P.O. Box A3587  
Chicago, IL 60690

Dear Sir or Madam:

Revised RCRA Part A Permit  
Application - ILD041550567

Attached is a revised RCRA Part A permit application for a surface impoundment located at UNO-VEN, Chicago Refinery which becomes a regulated unit due to the TC Rule.

Very truly yours,



W. F. Busse, Supervisor  
Environmental Services

LDE/lis

att.

RECEIVED

SEP 24 1990

U.S.  
SWD -- RMS "V"

**FORM 1**  
**GENERAL**



**ENVIRONMENTAL PROTECTION AGENCY**  
**GENERAL INFORMATION**  
*Consolidated Permits Program*  
(Read the "General Instructions" before starting.)

**I. EPA I.D. NUMBER**  
ILD 041550567

**II. POLLUTANT CHARACTERISTICS**

**III. FACILITY NAME**  
The UNO-VEN Company, Chicago Refinery

**V. FACILITY MAILING ADDRESS**  
135th Street & New Avenue  
Lemont, Illinois 60439

**VI. FACILITY LOCATION**  
135th Street & New Avenue  
Lemont, Illinois 60439

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**  
1 SKIP The UNO-VEN Company, Chicago Refinery

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)  
2 Erchull, L. D. Senior Environmental Specialist

B. PHONE (area code & no.)  
708 257 7761

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX  
3 135th Street and New Avenue

B. CITY OR TOWN  
4 Lemont

C. STATE  
IL

D. ZIP CODE  
60439

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  
5 135th Street and New Avenue

B. COUNTY NAME  
WILL

C. CITY OR TOWN  
6 LEMONT

D. STATE  
IL

E. ZIP CODE  
60439

F. COUNTY CODE (if known)

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2911	(specify)	Petroleum Refining	7		(specify)	
C. THIRD				D. FOURTH			
7		(specify)		7		(specify)	

## VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in item VIII-A also the owner?	
The UNO-VEN Company, Chicago Refinery												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)			
F - FEDERAL				M - PUBLIC (other than federal or state)				P (specify)				A 708 257 7761			
S - STATE				O - OTHER (specify)											
P - PRIVATE															

E. STREET OR P.O. BOX											
135th Street and New Avenue											

F. CITY OR TOWN												G. STATE		H. ZIP CODE		IX. INDIAN LAND	
LEMONT												IL		60439		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. PSD (Air Emissions from Proposed Sources)											
9 N IL0001589												9 P											
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
9 U												(specify)											
C. RCRA (Hazardous Wastes)												E. OTHER (specify)											
9 R												(specify)											

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

A - Petroleum Refining and related activities.

B - Process crude oil into finished petroleum products such as gasoline, fuel oils and other miscellaneous products.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally supervised and am familiar with the information provided in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in this application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
L. E. Wilthew Vice President, Manufacturing				9/18/90	

## COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY											

<b>FORM</b> <b>3</b> <b>RCRA</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>F I L D 0 4 1 5 5 0 5 6 7</span> <span>T/A E</span> </div>
--	--	---	---

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

<b>A. FIRST APPLICATION</b> (place an "X" below and provide the appropriate date) <input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width:45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>C</th> <th>YR.</th> <th>MO.</th> <th>DAY</th> </tr> <tr> <td>8</td> <td>73</td> <td>11</td> <td>09</td> </tr> </table> </div> <div style="width:50%;"> <p>FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</p> </div> </div>	C	YR.	MO.	DAY	8	73	11	09
C	YR.	MO.	DAY					
8	73	11	09					

<b>B. REVISED APPLICATION</b> (place an "X" below and complete Item I above) <input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
--	--

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

- AMOUNT** - Enter the amount.
- UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

D U P									
T/A C									
I									
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	D 8 1	13.3	B		7				
2	S 0 4	13.1	B		8				
3					9				
4					10				

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
<div> <div>W I L D O 4 1 5 5 0 5 6 7</div> <div>T/A C</div> <div>1</div> </div>													<div> <div>W</div> <div>DUP</div> <div>T/A C</div> <div>2</div> <div>DUP</div> </div>													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES															
											1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	D	0	1	8	7600000					T	T	0	4													Waste Water Treatment
2																										
3																										
4																										
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**IV. DESCRIPTION OF HAZARDOUS WASTES** *(continued)***E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	4	1	5	5	0	5	6	7	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.**VI. PHOTOGRAPHS**All existing facilities must include photographs *(aerial or ground-level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4	1	3	9	0	0
53	54	55	56	57	58

8	8	0	3	3	0
59	60	61	62	63	64

**VIII. FACILITY OWNER**
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

L. E. Wilthew  
Vice President, Manufacturing

B. SIGNATURE

IDE 90  
9-17-90

*Wilthew*

C. DATE SIGNED

9/18/90

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

L. E. Wilthew  
Vice President, Manufacturing

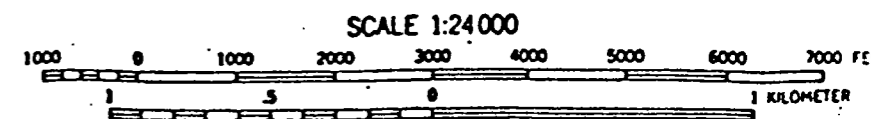
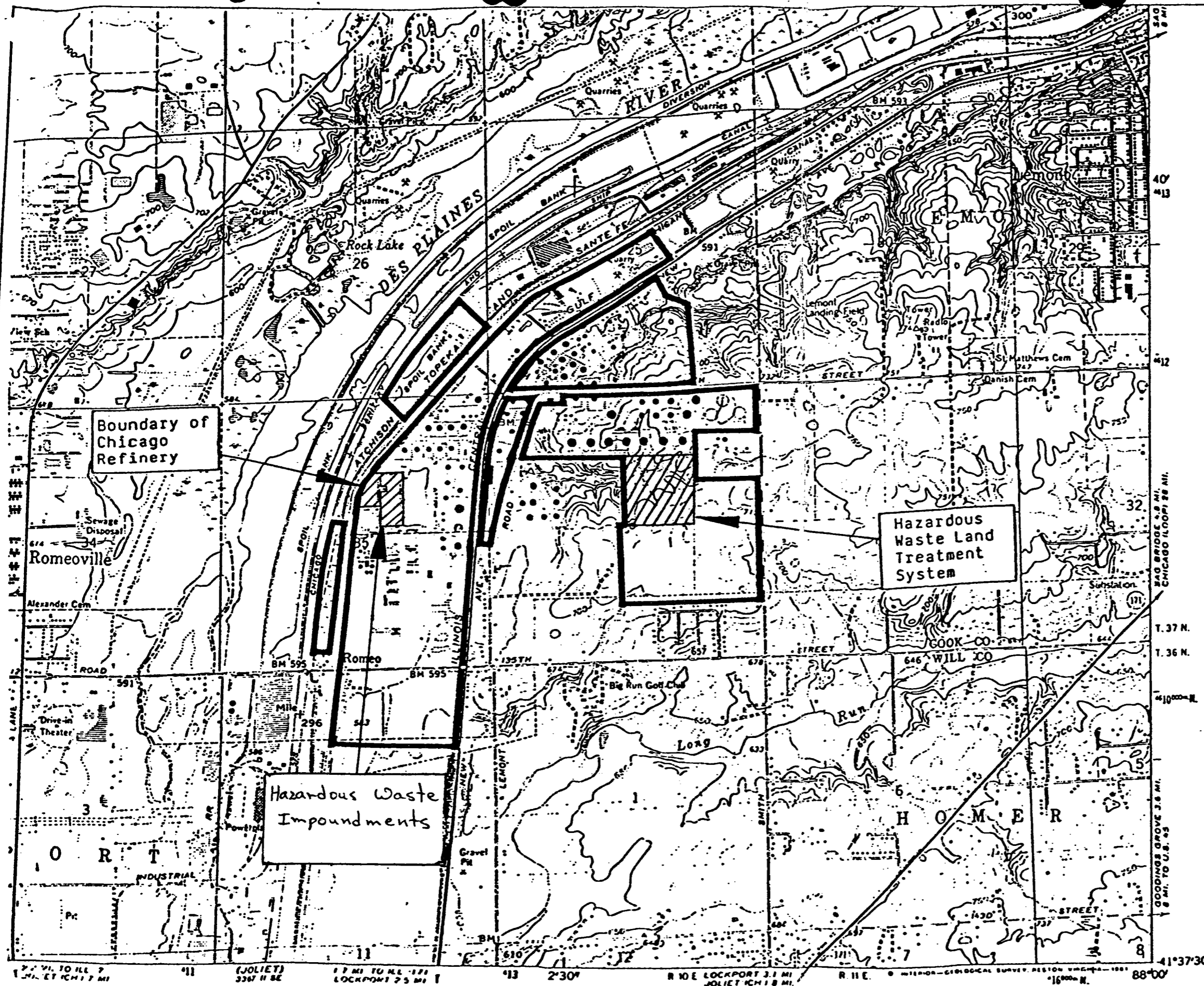
B. SIGNATURE

IDE 90  
9-17-90

*Wilthew*

C. DATE SIGNED

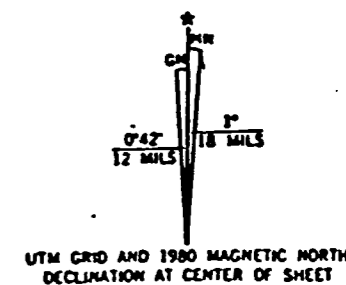
9/18/90



SCALE 1:24000  
CONTOUR INTERVAL 10 FEET  
DOTTED LINES REPRESENT 5-FOOT CONTOURS  
NATIONAL GEODETIC VERTICAL DATUM OF 1929

ROMEOVILLE QUADRANGLE  
ILLINOIS  
7.5 MINUTE SERIES (TOPOGRAPHIC)

1962  
PHOTOREVISED 1973 AND 1980  
DMA 3367 II NE-SERIES V863



FACILITY LOCATION MAP

FIGURE  
A-1

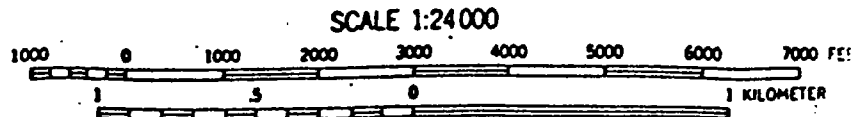
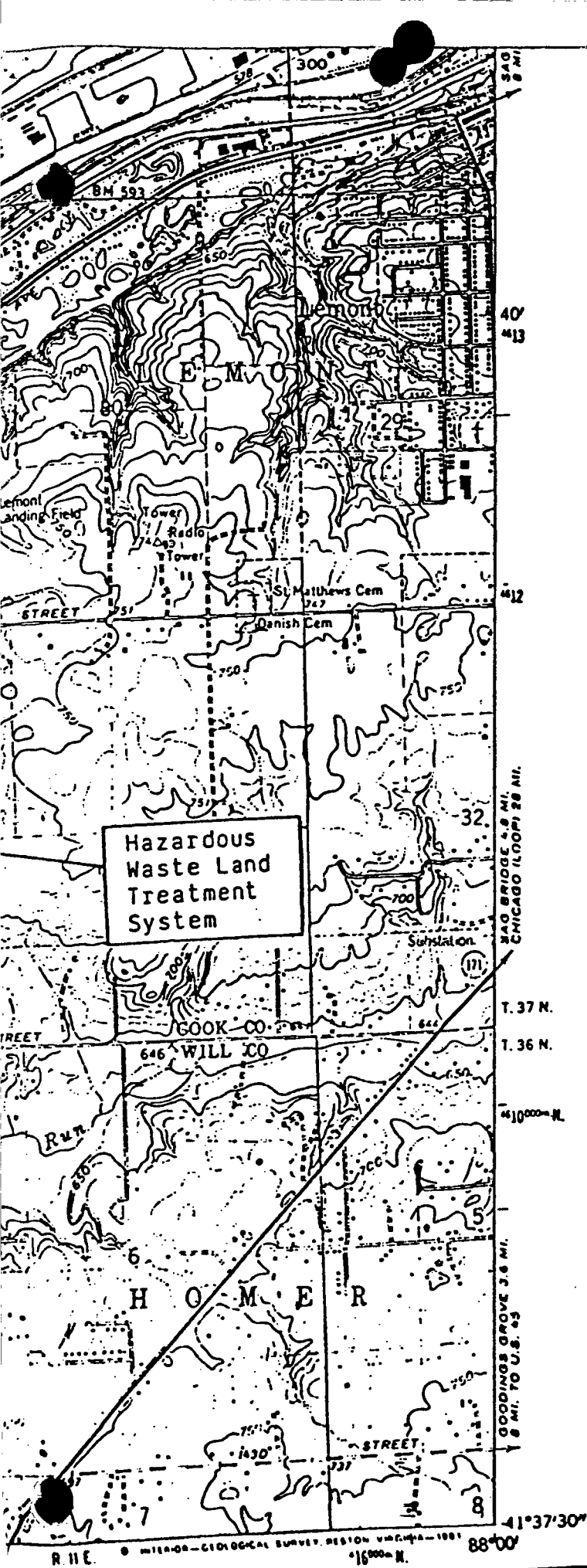
ERM-North Central Inc.

V. FACILITY DRAWING *see page 4*

See attached Figures A-1 and A-2

A-1: Facility Location Map

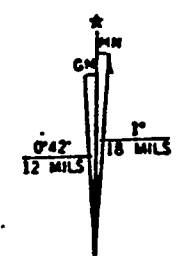
A-2: Facility Base Map



SCALE 1:24 000  
 CONTOUR INTERVAL 10 FEET  
 DOTTED LINES REPRESENT 5-FOOT CONTOURS  
 NATIONAL GEODETIC VERTICAL DATUM OF 1929

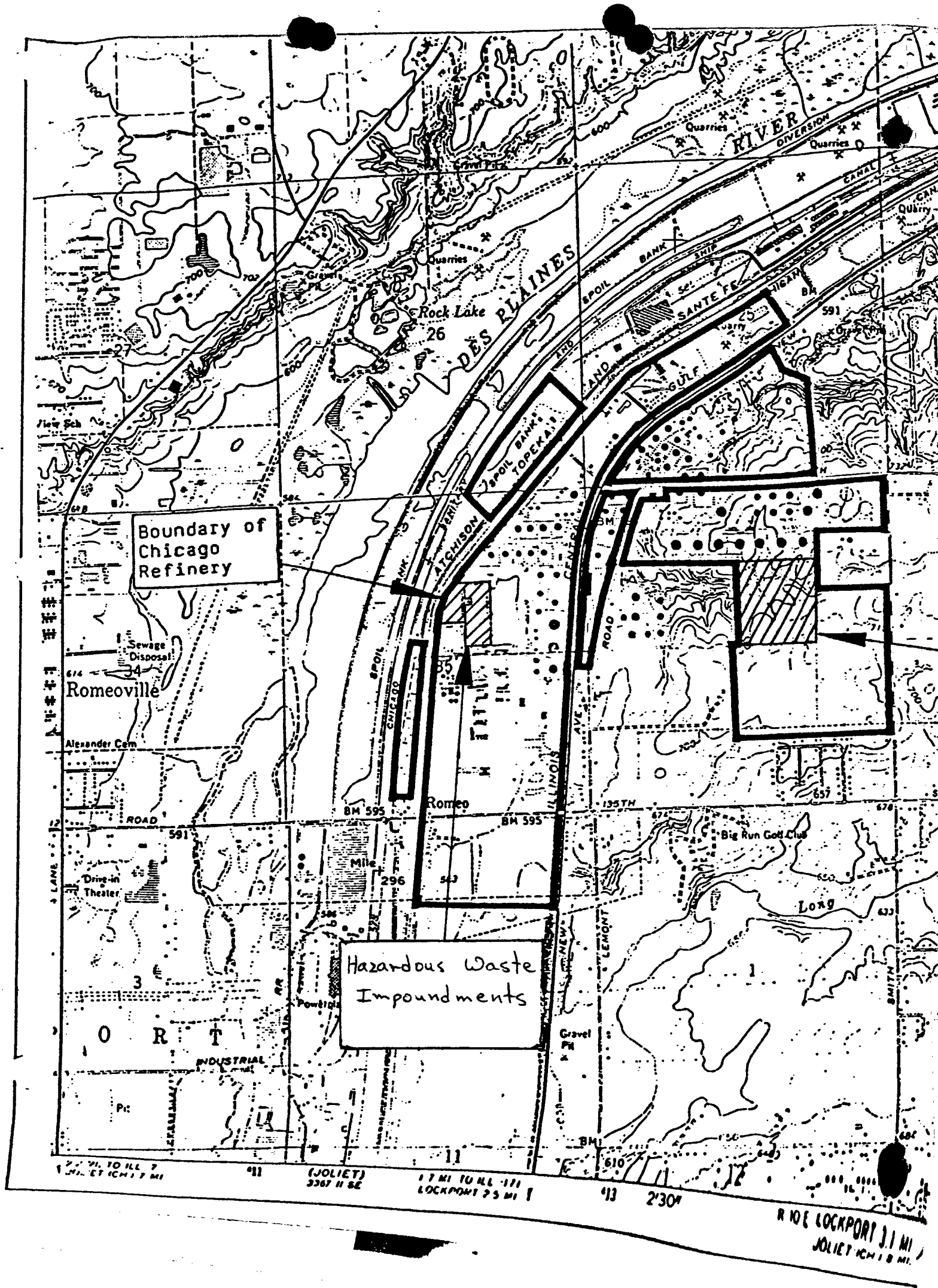
ROMEOVILLE QUADRANGLE  
 ILLINOIS  
 7.5 MINUTE SERIES (TOPOGRAPHIC)

1962  
 PHOTOREVISED 1973 AND 1980  
 DMA 3367 II NE-SERIES V863



UTM GRID AND 1980 MAGNETIC NORTH  
 DECLINATION AT CENTER OF SHEET

FACILITY LOCATION MAP		FIGURE A-1
ERM-North Central Inc.		



**UNO-VEN**  
Products

The UNO-VEN Company  
135th Street & New Avenue  
Lemont, Illinois 60439

HES 21-90

**Thomas B. Williams**

Manager, Chicago Refinery  
Telephone (708) 257-7761

RECEIVED  
JAN 17 1990

OFFICE OF CERA  
Waste Management Division  
U.S. EPA, REGION IV

January 12, 1990

Mr. Bernard Killian  
IEPA Director  
Illinois Environmental  
Protection Agency  
2200 Churchill Road  
Springfield, IL 62706

Groundwater Quality  
Assessment Plan

Dear Sir:

As per Section 725.193(d) (2) Subtitle G: Waste Disposal, we are submitting for your review a Groundwater Quality Assessment Plan for the UNO-VEN, Chicago Refinery Land Treatment Facility.

Should you have any questions concerning the plan, or desire a meeting to discuss the plan, please direct them to L. D. Erchull at the above telephone number.

Very truly yours,



D. W. Denton  
Superintendent  
Health, Environment & Safety

LDE/lis

Attachment

cc: Mr. Jonathan Cooper, USEPA ✓

<b>FORM 1</b>	<b>EPA</b>	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px;">           1 2 3 4 5 6 7 8 9 10 11 12 13 14 15         </div>
<b>GENERAL LABEL ITEMS</b> <b>I. EPA I.D. NUMBER</b> ILD041550567 <b>FACILITY NAME</b> UNION OIL CO OF CALIFORNIA* <b>V. FACILITY MAILING ADDRESS</b> NEW AVE & 135TH ST LEMONT, IL 60439 <b>VI. FACILITY LOCATION</b> NEW AVE & 135TH ST LEMONT, IL 60439		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

ATTACHMENT A

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	UN I O N O I L C O , O F C A L I F . : C H I C A G O R E F I N E R Y	20
---	------	--	----

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)				
2	B R U C K E R T	D . W .	S U P V .	E N V I R .	S E R V .	3 1 2	2 5 7	7 7 6 1

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX			
3	1 3 5 t h	S T R E E T	& N E W A V E N U E
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4	L E M O N T	I L	6 0 4 3 9

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	1 3 5 t h	S T R E E T	& N E W A V E N U E
B. COUNTY NAME		C. CITY OR TOWN	D. STATE
6	W I L L	L E M O N T	I L
E. ZIP CODE		F. COUNTY CODE (if known)	
6	6 0 4 3 9		

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST

7 2 1 1 (specify) Petroleum Refining

B. SECOND

7 (specify)

A-1

C. THIRD

7 (specify)

D. FOURTH

7 (specify)

## VIII. OPERATOR INFORMATION

A. NAME

8 UNION OIL CO. OF CALIF.; CHICAGO REFINERY

B. Is the name listed in Item VIII-A also the owner?

☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F - FEDERAL  
S - STATE  
P - PRIVATE  
M - PUBLIC (other than federal or state)  
O - OTHER (specify)

P (specify)

D. PHONE (area code &amp; no.)

A 3 1 2 2 5 7 7 7 6 1

E. STREET OR P.O. BOX

135th STREET &amp; NEW AVENUE

F. CITY OR TOWN

B L E M O N T

G. STATE

I L

H. ZIP CODE

6 0 4 3 9

IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

9 I N I L 0 0 0 1 5 8 9

D. PSD (Air Emissions from Proposed Sources)

9 P

B. UIC (Underground Injection of Fluids)

9 U

E. OTHER (specify)

(specify)

C. RCRA (Hazardous Wastes)

9 R

E. OTHER (specify)

(specify)

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

A - Petroleum refining and related activities.

B - Process crude oil to finished petroleum products such as gasoline, fuel oils, and other miscellaneous products.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME &amp; OFFICIAL TITLE (type or print)

A. J. Eliskalns, Manager  
Chicago Refinery

B. SIGNATURE



C. DATE SIGNED

7-13-84

## COMMENTS FOR OFFICIAL USE ONLY

C

<b>FORM 3</b> <b>RCRA</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> <i>Consolidated Permits Program</i> (This information is required under Section 3005 of RCRA.)	<b>I. EPA I.D. NUMBER</b>											
			F I L D 0 4 1 5 5 0 5 6 7											

**FOR OFFICIAL USE ONLY**

<b>APPLICATION APPROVED</b>	<b>DATE RECEIVED</b> (yr., mo., & day)	<b>COMMENTS</b>
		A-2

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)☒ 1. FACILITY HAS INTERIM STATUS☐ 2. FACILITY HAS A RCRA PERMIT**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
JECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C												DUP												T/A C												I																																																																																															
1 2												13 14 15												16 17 18												19 20 21												22 23 24												25 26 27												28 29 30												31 32 33												34 35 36												37 38 39												40 41 42											
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY																																																																																																										
		1. AMOUNT (specify)					2. UNIT OF MEA- SURE (enter code)								1. AMOUNT					2. UNIT OF MEA- SURE (enter code)																																																																																																															
X-1	S 0 2	600					G						5																																																																																																																						
X-2	T 0 3	20					E						6																																																																																																																						
1	D 8 1	13.3					B						7																																																																																																																						
													8																																																																																																																						
3													9																																																																																																																						
4													10																																																																																																																						

**III. PROCESSES (continued)**C. SPACE FOR ADDITIONAL PROCESS CODES OR DESCRIBING OTHER PROCESSES (code "Z") FOR EACH PROCESS ENTERED HERE  
INCLUDE DESIGN CAPACITY.

A-3

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE      CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE      CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous waste:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26  
V I L D 0 4 1 5 5 0 5 6 7 T/A C  
W DUP 2 DUP

FOR OFFICIAL USE ONLY

A-4

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																		
	22	23	24	25			1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
1	K	0	5	1	13 Dry Tons	T	D	8	1																API Separator Sludge
2	K	0	4	9	Unknown	T	D	8	1																Slop Oil Emulsions; possible waste to be treated
3	D	0	0	1	150 Dry Tons	T	D	8	1																Tank cleaning wastes; possibly ignitable
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
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26																									
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

## V. FACILITY DRAWING

## VI. PHOTOGRAPHS

## VII. FACILITY GEOGRAPHIC LOCATION

### VIII. FACILITY OWNER

- B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:**

## IX. OWNER CERTIFICATION

7-13-84

## C. DATE SIGNED \_\_\_\_\_

## V. FACILITY DRAWING (see page 4)

A-6

See Attached Figures A-1 and A-2.

A-1: Facility Location Map

A-2: Facility Base Map

15 NOV 1983

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. P.D. Haas, Supervisor Environmental Services  
Union Oil Company of California  
Chicago Refinery  
135th Street & New Avenue  
Lemont, Illinois 60439

RE: Union Oil Company of California  
Chicago Refinery  
135th Street & New Avenue  
Lemont, Illinois 60439  
ILD 041550567

Dear Mr. Haas:

By now you should have received an acknowledgement of our receipt of the Part A permit application material for the above-referenced hazardous waste facility under the Resource Conservation and Recovery Act (RCRA) permit program.

Accordingly, this letter constitutes the next step in the formal process leading toward issuance or denial of a RCRA permit. Under the authority of 40 CFR 270.10, this is a formal request for submittal of Part B of the permit application for the above-referenced facility.

Enclosed are parts of 40 CFR 270, which list the items required for submitting the Part B permit application for the facility. The Part B application must be submitted in quadruplicate and postmarked no later than May 31, 1984. Please uniquely number each page of the application including all attachments (maps, specifications, etc.). A certification statement identical to the one stated in 40 CFR 270.11(d) must accompany the application and all additional submittals. Send your application to the following address:

RCRA ACTIVITIES  
Part B Permit Application  
U.S. EPA, Region V  
P.O. Box A2587  
Chicago, Illinois 60608-3587

We are committed to conducting the RCRA permitting process as efficiently as possible. Consequently, I suggest you contact Mr. Gale Hruska of my staff, at (312) 895-0000, as you begin preparing your application. Mr. Hruska will be available to discuss specific needs of your application or to meet with you in Chicago. These efforts are intended to generate complete applications, without requiring any information beyond that which is necessary to make RCRA permit decisions.

Failure to furnish the complete Part B permit application by the above date, and to provide in full all required information, is grounds for termination of interim status under 40 CFR 270.10.

Information in the Part B permit application can be disclosed to the public, according to the Freedom of Information Act and U.S. Environmental Protection Agency (U.S. EPA) Freedom of Information regulations. If you wish, however, you may assert a claim of business confidentiality by printing the word "Confidential" on each page of the application which you believe contains confidential business information. U.S. EPA will review business confidentiality claims under regulations in 40 CFR Part 2, and may later request substantiation of such claims. Please review these rules carefully before making a claim.

If you claim parts of your application as confidential, please provide us with a public information copy of the application. The public information copy must be identical to the full application with the exclusion of the confidential information.

We have also enclosed parts of 40 CFR Part 264, which include technical standards for the operation of treatment, storage, and land disposal facilities. These standards will become applicable to your facility upon issuance of a RCRA permit by U.S. EPA. A copy of our "Guidance For Permit Application Preparation" is also enclosed, which will help you in preparing a comprehensive and complete permit application.

We will coordinate review of the application with the Illinois Environmental Protection Agency (IEPA), and will strive for the simultaneous issuance of Federal and State hazardous waste facility permits. It is possible that during the processing of the application, the State hazardous waste program may become authorized to issue RCRA permits for your type of facility. In that case, direct Federal processing will cease, and IEPA in lieu of U.S. EPA will make the final determination on your permit application.

We look forward to receiving your Part B permit application.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosures: 40 CFR 270 (applicable parts)  
40 CFR 264 (applicable parts)  
Guidance For Permit Application Preparation

cc: Robert Kuykendall, IEPA

bcc: Part A file

INITIALS	TYPYST	AUTHOR	STU
	A. D.	11/15/83	11/15/83
DATE	11-14-83	11/14/83	Disk # Horst

TPCS	WMB	WMD
CHIEF	CHIEF	DIRECTOR
11/15/83	11/15/83	

<b>FORM</b> <b>1</b>	<b>EPA</b>	<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> F I L D 0 4 1 5 5 0 5 6 7 3 D
<b>CASEL ITEMS</b> <b>I. EPA I.D. NUMBER</b> ILD041550567 <b>III. FACILITY NAME</b> UNION OIL CO OF CALIFORNIA* <b>V. FACILITY MAILING ADDRESS</b> NEW AVE & 135TH ST LEMONT, IL 60439 <b>VI. FACILITY LOCATION</b> NEW AVE & 135TH ST LEMONT, IL 60439		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

II. POLLUTANT CHARACTERISTICS			
<b>INSTRUCTIONS:</b> Complete A through I to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit the form and the supplemental form listed in the parentheses following the question. Mark "X" in the box in the third column. If the supplemental form is attached, if you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements by Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject into this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X

III. NAME OF FACILITY			
1	ENR	UNION OIL CO. OF CALIF.; CHICAGO REFINERY	
IV. FACILITY CONTACT			
A. NAME & TITLE (last, first & title)		B. PHONE (area code & no.)	
2	HAAS H. D. SUPV. ENVIRON. SERVICES	312	257 7761
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3	135th STREET & NEW AVENUE		
C. CITY OR TOWN		D. STATE	E. ZIP CODE
4	LEMONT	IL	60439
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	135th STREET & NEW AVENUE		
B. COUNTY NAME			
WILL			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6	LEMONT	IL	60439
		F. COUNTY CODE (if known)	
		197 ak	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	9	1	(specify)	Petroleum Refining	7	
C. THIRD				D. FOURTH			
7				(specify)		7	

VIII. OPERATOR INFORMATION

A. NAME						B. Is the name listed in Item VII-A also the owner?	
UNION OIL CO. OF CALIF.; CHICAGO REFINERY						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other", specify.)						D. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE M - PUBLIC (other than federal or state) O - OTHER (specify)						3 1 2 2 5 7 7 6 1	
E. STREET OR P.O. BOX							
135th STREET & NEW AVENUE							
F. CITY OR TOWN				G. STATE	H. ZIP CODE	I. INDIAN LAND	
LEMONT				IL	6 0 4 3 9	Is the facility located on Indian land? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

IX. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Waters)		C. PCBs (All Emissions from Proposed Sources)	
IL 00001589		P	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

A - Petroleum refining and related activities.

F9: A/51

B - Process crude oil to finished petroleum products such as gasoline, fuel oils, and other miscellaneous products.

XIII. CERTIFICATION (to be completed by applicant)

I, the undersigned, being duly sworn, depose and say that I am familiar with the information submitted in this application and all the facts and circumstances herein stated, and I am aware of the consequences of providing false, inaccurate, or incomplete information. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
R. F. Nootbaar Senior Vice President/Eastern Region	R. F. Nootbaar	11/6/80

FORM 3		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER F I L D 0 4 1 5 5 0 5 6 7
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FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
23	24 25 26 27 28 29	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	7	3

YR.	MO.	DAY

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	DUP												T/A	C											
C														1											
1	2													12	14	15									
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)					2. UNIT OF MEASURE (enter code)								1. AMOUNT					2. UNIT OF MEASURE (enter code)					
X-1	S	0	2	600					G						5										
X-2	T	0	3	20					E						6										
1	S	0	2	971000					G						7										
2	S	0	4	20930					Y						8										
3	D	8	1	29.3					B						9										
4															10										

EPA Form 3510-3 (6-80)

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA Form 3510-3 (6-80)

**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D (1) ON PAGE 3.**

[illegible]

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail). F6: B/55

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*). Fl6: A/56

## LATITUDE (degrees, minutes, &amp; seconds)

4	1	3	9	0	0	0
65	86	87	88	89	-	71

LONGITUDE (degrees, minutes, &amp; seconds)

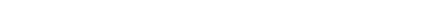
088	03	<del>03</del>	364
72 - 74	75 76	77 - 78	

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

**B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:**

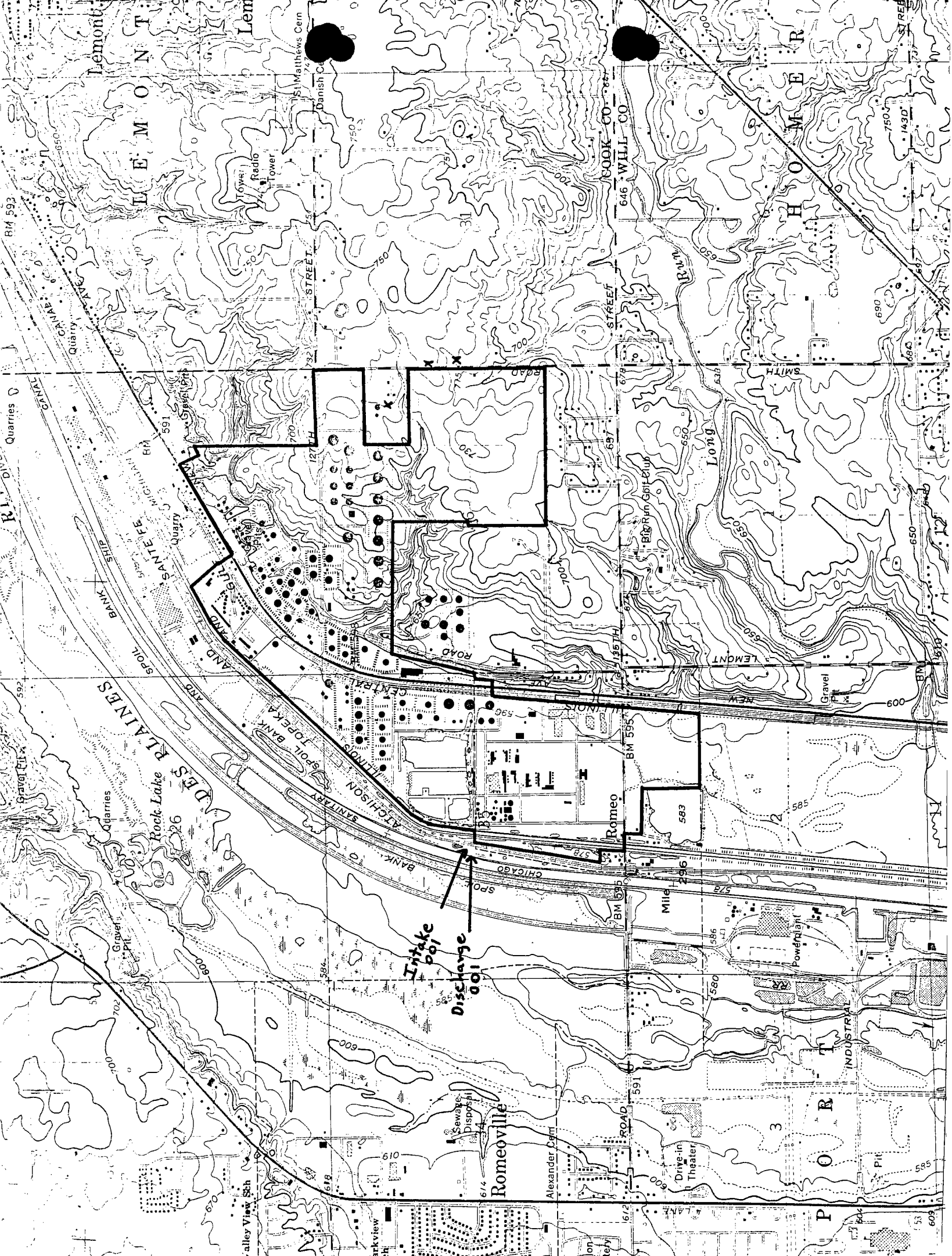
1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)												
C																											
E																											
15	16														55	56	-	58	59	-	61	62	-	65			
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE					
C											C																
F											G																
15	16														40	41	42			47	-	51					

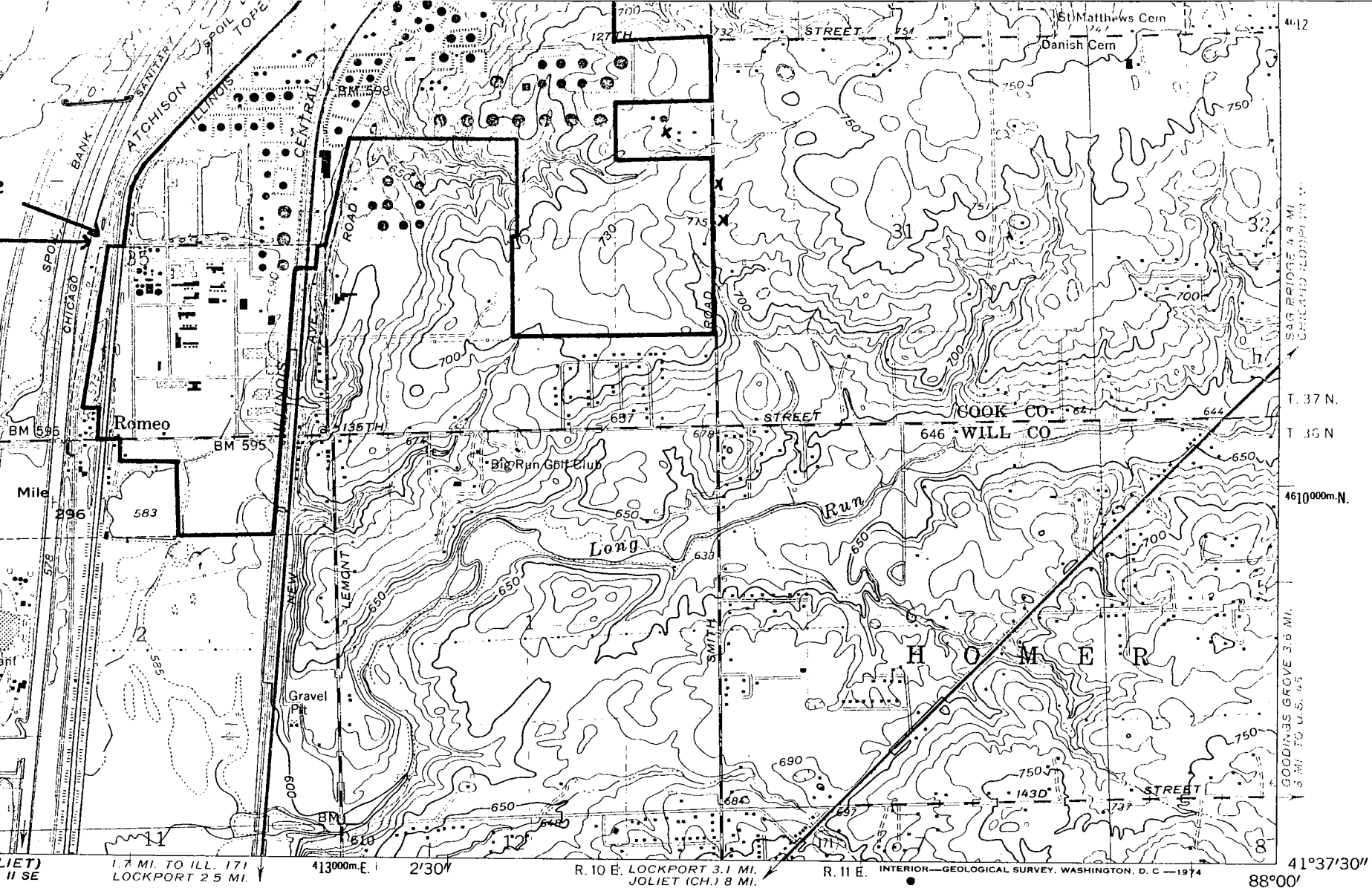
*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

<b>A. NAME (print or type)</b> R. F. Nootbaar Senior Vice President/Eastern Region	<b>B. SIGNATURE</b> 	<b>C. DATE SIGNED</b> 11/6/88
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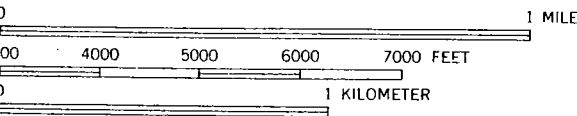
*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------





1:24000



INTERVAL 10 FEET  
PRESENT 5-FOOT CONTOURS  
FROM SEA LEVEL

NATIONAL MAP ACCURACY STANDARDS  
SURVEY, WASHINGTON, D. C. 20242  
SURVEY, URBANA, ILLINOIS 61801  
AND SYMBOLS IS AVAILABLE ON REQUEST



— = Property Boundary

X = Drinking Water Well

ROAD CLASSIFICATION  
Heavy-duty ——— Light-duty ———  
Medium-duty ——— Unimproved dirt ———  
○ Interstate Route ○ U. S. Route ○ State Route

ROMEONVILLE, ILL.  
NE/4 JOLIET 15' QUADRANGLE  
N4137.5—W8800/7.5

1962  
PHOTOREVISED 1973  
AMS 3362-11 NE SERIES 10001

(MOKENA)  
3467 111 SW

Existing  
Landfarm  
5.5 Acres  
(West)

Existing  
Landfarm  
4.5 Acres  
(South)

Existing  
Landfarm  
(North)  
3.8 Acres

200'

Storage Pit

650'

Existing Landfarm  
- Future Expansion  
15.5 Acres  
(East)

HYDRO CARBON  
TRANSPORTATION  
COMPANY

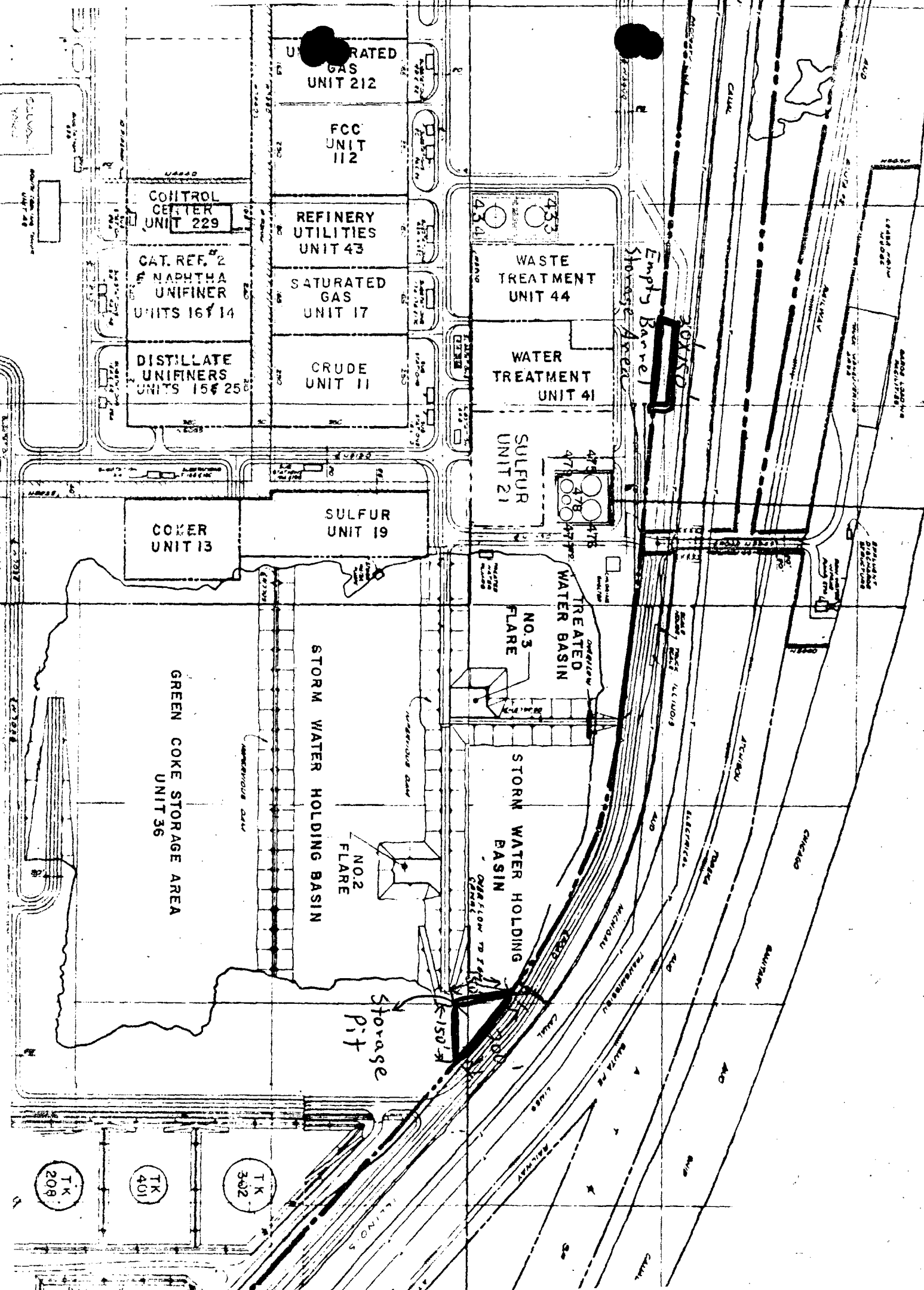
TK  
416

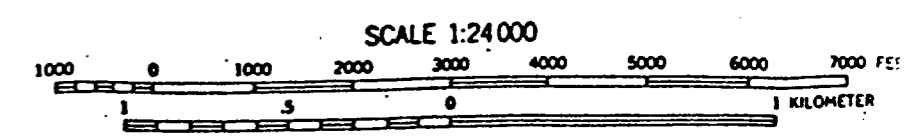
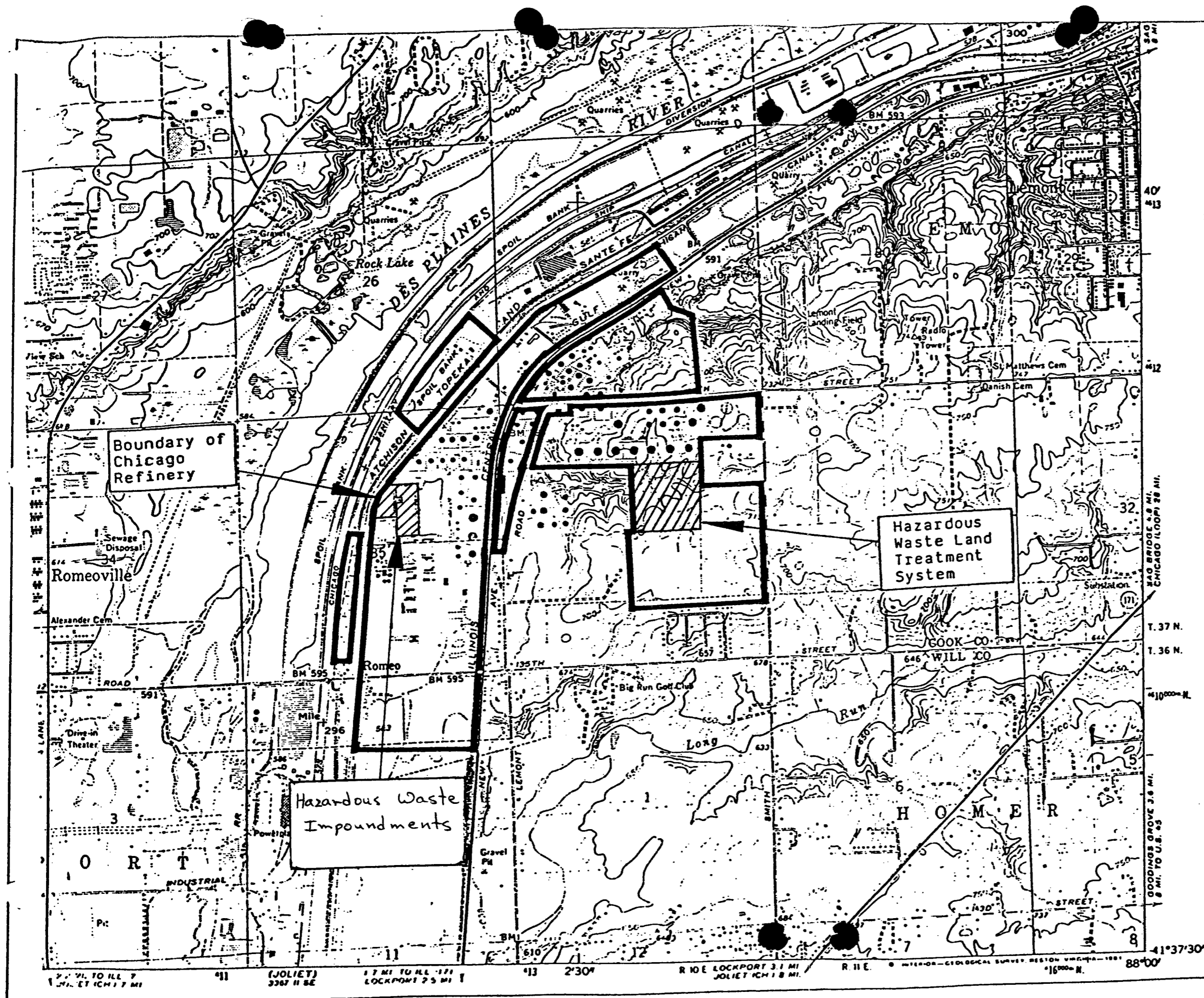
TK  
417

TK  
418

TK  
414

TK  
412

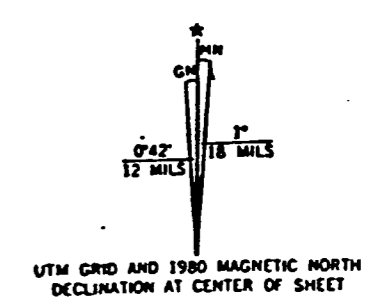




SCALE 1:24 000  
CONTOUR INTERVAL 10 FEET  
DOTTED LINES REPRESENT 5-FOOT CONTOURS  
NATIONAL GEODETIC VERTICAL DATUM OF 1929

ROMEOVILLE QUADRANGLE  
ILLINOIS  
7.5 MINUTE SERIES (TOPOGRAPHIC)

1962  
PHOTOREVISED 1973 AND 1980  
DMA 3367 II NE-SERIES V863



FACILITY LOCATION MAP		FIGURE A-1
ERM-North Central Inc.		